

Fill in this information to identify the case:

Debtor Oxbridge Coins, Inc.
United States Bankruptcy Court for the: Northern District of California
(State)
Case number 18-31040 DM 11
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Lena Wilder
c/o Oxbridge Coins, Inc.
2115 Van Ness Avenue
San Francisco, CA 94109

Date or dates debt was incurred

Last 4 digits of account
number 6098

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is: \$

Total claim
385.00

Priority amount
\$ 385.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Employee Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

2.2 Priority creditor's name and mailing address

Boris Tarkovsky
c/o Oxbridge Coins, Inc.
2115 Van Ness Avenue
San Francisco, CA 94109

Date or dates debt was incurred

Last 4 digits of account
number 5831

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is: \$

1,250.00

\$ 1,250.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☒ No
☐ Yes

2.3 Priority creditor's name and mailing address

Michal Misniowski
c/o Oxbridge Coins, Inc.
2115 Van Ness Avenue
San Francisco, CA 94109

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

As of the petition filing date, the claim is: \$

400.00

\$ 400.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Employee Wages

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address \$ 625.00 \$ 625.00

Ekchenguer, Iulia
c/o Oxbridge Coins, Inc.
2115 Van Ness Avenue
San Francisco, CA 94109

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Employee wages

Last 4 digits of account
number 7 8 6 2

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

2. Priority creditor's name and mailing address \$ 1,045.00 \$ 1,045.00

Michael Johnson
c/o Oxbridge Coins, Inc.
2115 Van Ness Avenue
San Francisco, CA 94109

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Employee wages

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

2. Priority creditor's name and mailing address \$ 2,300.00 \$ 2,300.00

Rostislav Polyak
c/o Oxbridge Coins, Inc.
2115 Van Ness Avenue
San Francisco, CA 94109

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Employee Wages

Last 4 digits of account
number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

2. Priority creditor's name and mailing address \$ 2,300.00 \$ 2,300.00

Vadim Polyak
c/o Oxbridge Coins, Inc.
2115 Van Ness Avenue
San Francisco, CA 94109

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Employee Wages

Last 4 digits of account
number 8 0 9 3

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (5)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Dollars and Cents</u> <u>128 East Main Street</u> <u>Rochester, IL 62563</u> Date or dates debt was incurred <u>August, 2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>19,762.00</u>
3.2	Nonpriority creditor's name and mailing address <u>Alex & Son Coins</u> <u>1413 Grant Avenue</u> <u>Novato, CA 94945</u> Date or dates debt was incurred <u>January, 2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>50,000.00</u>
3.3	Nonpriority creditor's name and mailing address <u>Vadim Kozlov</u> <u>2400 Angel Lane</u> <u>South San Francisco, CA 94080</u> Date or dates debt was incurred <u>June, 2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>100,000.00</u>
3.4	Nonpriority creditor's name and mailing address <u>Dillon Gage, Inc.</u> <u>15301 Dallas Parkway 200</u> <u>Addison, TX 75001</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>134,000.00</u>
3.5	Nonpriority creditor's name and mailing address <u>Florida Gold Coin Exchange</u> <u>22509 Hale Road</u> <u>Land O Lakes FL 34639</u> Date or dates debt was incurred <u>May 2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>75,000.00</u>
3.6	Nonpriority creditor's name and mailing address <u>Chase, Inc.</u> <u>P.O. Box 15123</u> <u>Wilmington, DE 19850-5298</u> Date or dates debt was incurred <u> </u> Last 4 digits of account number <u>2 1 6 3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade credit card.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <u>14,270.00</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. Kinry and Associates LLC 2000 Van Ness Ave, Suite 400 San Francisco, CA 94109	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Landlord's Rep.</u>	____ _
4.2. SurePayroll 2350 Ravine Way, Suite 100 Glenview, IL 60025 1-877-956-SURE	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Debtr's Payroll Svcs. Prov</u>	____ _
4.3. Sure401K ePlan Services, Inc. 4300 Kittredge St., Suite 100 Denver, CO 80239	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Plan Administrator</u>	____ _
4.4. Anthem Blue Cross 120 Manument Circle Indianapolis, IN 46204	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Health Insur. Provider</u>	7 9 1 2 ____
4.5. Willis of New York 11 East 44th Street Suite #600 Michael Pearl New York, NY 10017	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Coin Insurance Provider</u>	8 1 8 6 ____
4.6. RingCentral 3002, 20 Davis Drive Belmont, CA 94002	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Telephony Services Prov.</u>	2 6 4 6 ____
4.7. Data Age Software 14450 46 th St. N. #108 Clearwater, FL 33762	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Fingerprint Svcs. Provider</u>	4 7 8 7 ____
4.8. CCE P.O.Box 6280 Newport Beach, CA 92658	Line ____ <input type="checkbox"/> Not listed. Explain <u>Coin Exchange Svcs Prov.</u>	____ _
4.9. Sprint P.O. Box 54977 Los Angeles, CA 90054	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Bus. Cell Phone Svcs. Prov.</u>	7 3 1 9 ____
4.10. PG&E 77 Beale St San Francisco, Ca 94105	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Utility</u>	3 0 1 4 ____
4.11. Uline Shipping Supplies 12575 Uline Drive Pleasant Prairie, WI 53158	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Bus. Shpng. Supp. Prov.</u>	6 9 0 0 ____
4.12. Bay Alarm 510 Myrtle Ave South San Francisco, CA 94080	Line ____ <input checked="" type="checkbox"/> Not listed. Explain <u>Alarm Svcs. Provider.</u>	2 9 2 6 ____

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. Toshiba P.O. Box 51043 Los Angeles, CA 90051-5343	Line _____ <input checked="" type="checkbox"/> Not listed. Explain _____ Copier Svcs. Prov.	0 - 0 0 2
4. NGC 5501 Communication Pkwy Sarasota, FL 34240-8474	Line _____ <input checked="" type="checkbox"/> Not listed. Explain _____ Coin Grading Svcs. Prov.	— — — —
4. PCGS 1921 E. Alton Pkwy Santa Ana, CA 92705	Line _____ <input checked="" type="checkbox"/> Not listed. Explain _____ Coin Grading Svcs. Prov.	— — — —
4. Comcast CT Corporation System 111 Eighth Ave 13th Fl New York NY 10011	Line _____ <input checked="" type="checkbox"/> Not listed. Explain _____ Cable Svcs Prov	— — — —
4. FedEx CT Corporation System 111 EIGHTH AVE 13TH FL NEW YORK NY 10011	Line _____ <input checked="" type="checkbox"/> Not listed. Explain _____ Express Delivery Svcs. Prv.	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	— — — —

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1** 5a. \$ 8,305.005b. **Total claims from Part 2** 5b. + \$ 393,032.005c. **Total of Parts 1 and 2** 5c. \$ 401,337.00
Lines 5a + 5b = 5c.